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APPLICANTS

Sheila Littlehorn, Littleton, CO;

Susan M. Brown, Golden, CO;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CO	SHEETS DRAWING 4	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

ADDRESS

20350

TOWNSEND AND TOWNSEND AND CREW, LLP

TWO EMBARCADERO CENTER

EIGHTH FLOOR

SAN FRANCISCO , CA

94111-3834

TITLE

Infant sleep positioner

FILING FEE RECEIVED 657	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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